



555 WRIGHT WAY
CARSON CITY, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

APPLICATION FOR DUPLICATE REGISTRATION CERTIFICATE

VEHICLE INFORMATION

Please Print or Type

Vehicle Identification Number

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Nevada License Plate Number _____ Registration Expiration Date _____

Make _____ Model _____ Body Type _____ Year _____

Registered Owner _____
First MI Last

Address _____
City State Zip Code

Applicants Signature _____ Date _____



Please check box if a substitute decal is also needed.

LIMITED POWER OF ATTORNEY

Known All Men By These Presents:

That the Undersigned _____ of the County of _____

State of _____, being the Registered owner of the above described motor vehicle does
hereby make, constitute and appoint _____

of the county of _____, State of _____, true and lawful attorney in
fact to sign in the name, place and stead of the undersigned, for a **Duplicate Registration Certificate** issued
by the Department of Motor Vehicles of the State of Nevada.

In Testimony Whereof, the undersigned has hereunto set my hand on this _____ day of _____ 20____

Signature _____

Witness _____

Witness _____; or

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____

Notary Public or Authorized Nevada DMV Representative